



# Beneficiary Web Enrollment



[Home](#) [Log On](#)

## Welcome to TRICARE's Beneficiary Web Enrollment

### LOG ON INSTRUCTIONS

#### Manage Medical and Dental Enrollments:

1. Click on the **red** "Log On" link above.
2. You are required to log on using either CAC, DS Logon or a DFAS account.
3. Once logged in, select the Medical tab to enroll or update your medical coverage, or the Dental tab to enroll or update your dental coverage.

**Print Enrollment Forms:** Click on the "Get Enrollment Forms" link on the left-hand sidebar.

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0720-0008). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**\*\*NOTE: This is being updated to match the DD Form 2876 currently in coordination.\*\***

### PRIVACY ACT STATEMENT

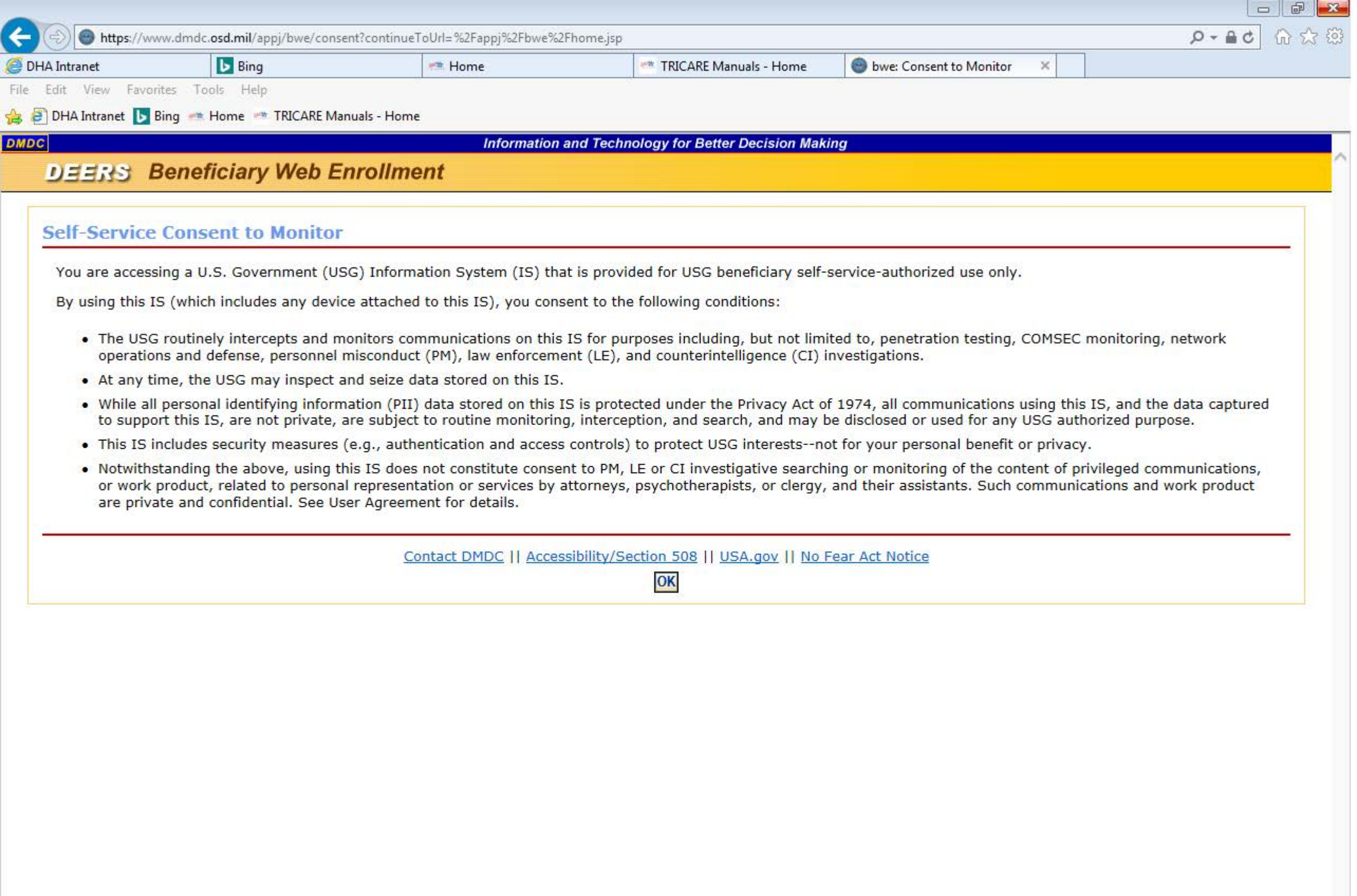
**AUTHORITY:** 5 U.S.C. 552a, 10 U.S.C. 1079 and 1086, 58 FR 45318, 65 FR 30966, May 15, 2000.

**\*\*\*NOTE: This is being updated to match the DD Form 2876 currently in coordination.**

**PRINCIPAL PURPOSE(S):** To evaluate eligibility for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (32 CFR 199.17).

**ROUTINE USE(S):** Information from application forms and related documents may be given to the Department of Health and Human Services, and/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions. Appropriate disclosures may be made to other Federal, State, local, and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the TRICARE Program.

**DISCLOSURE:** Voluntary; however, failure to provide information will result in the denial of enrollment.



# DEERS Beneficiary Web Enrollment

## Self-Service Consent to Monitor

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG beneficiary self-service-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- While all personal identifying information (PII) data stored on this IS is protected under the Privacy Act of 1974, all communications using this IS, and the data captured to support this IS, are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

[Contact DMDC](#) || [Accessibility/Section 508](#) || [USA.gov](#) || [No Fear Act Notice](#)

# Beneficiary Web Enrollment

[? Help Center](#) [-AA+](#)

## DS LOGON ?

Department of Defense Self-Service

[Forgot DS Logon Username?](#)  
[Forgot DS Logon Password?](#)

Login

## CAC ?

Common Access Card



Login

## DFAS myPay Password ?

Defense Finance and Accounting Service

[Forgot DFAS MyPay Login Id?](#)  
[Forgot DFAS MyPay Password?](#)

Login

Need a DS LOGON?

[Register ?](#)

Have a DS LOGON activation letter?

[Activate ?](#)

Need to upgrade your DS LOGON?

[Upgrade ?](#)

Need to manage your logon profile settings?

[Manage ?](#)



**Phishing Alert:** We do not initiate contact with beneficiaries via email or telephone to request private personal (Name, SSN, DOB) or sensitive DS Logon account information (username, password, challenge questions). If you think you provided personal or account information in response to a fraudulent email, website or phone call, be sure to change your password and challenge questions immediately.



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- BWE Links**
- Home
- Get Enrollment Forms
- Related Sites**
- TRICARE Online
- US Family Health Plan
- milConnect Portal

Medical Dental

**Please Note:**

- If you are moving or changing duty stations, click on the address update icon for a family member and verify your family's address. If your new address requires a transfer of enrollment, BWE will guide you through the process.

Name	Relation	Enrolled	Selected Plan	Primary Care Manager	Plan Start	Plan End	Actions
[Redacted]	Sponsor	No					
[Redacted]							

Please refer to the *Viewing Beneficiary Information* section in the online help for more information on the data displayed.

- Legend**
- Create New Enrollment
  - Request Enrollment Card
  - Disenroll
  - Change Primary Care Manager
  - Cancel Pending Enrollment
  - Cancel Pending Pcm Changes
  - Update Address



## To begin the enrollment process:

*\* Read and check all boxes below.*

**Note:** *Your session will end after 20 minutes of no activity.*

### By checking the boxes, I understand:

- I'm responsible for providing true and complete information.
- Under Federal law, false information or concealing information is subject to a fine and jail time.
- It's my responsibility to follow all TRICARE Prime enrollment procedures.
- I may have to pay premiums and provide credit card information.
- I may have to waive [access standards](#) if I live outside of the 30 minute drive-time standard.
- If I waive access standards, I may have to drive more than 30 minutes for primary care and more than 60 minutes for specialty care.

Note: If you don't want to waive access standards, complete a [paper form](#) and mail it to your contractor.

Continue

Decline



# Enroll in TRICARE

## Step 1 of 6: Select Enrolling Family Members

The TRICARE enrollment process allows you to enroll the selected family members into TRICARE by choosing from eligible plans, selecting a provider type, and assigning a Primary Care Manager.

### Select Family Members

Select one or more family members for enrollment in TRICARE at this time.

TRICARE Family Enrollment			
Select	Name	Residential Address	Mailing Address
<input checked="" type="checkbox"/>	[Redacted] Sponsor	[Redacted]	Same as Residential Address
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]

Continue

Cancel



# Beneficiary Web Enrollment Online



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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- [Redacted]

#### Primary Care Manager Selection for [Redacted]

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- milConnect Portal

[Redacted] Sponsor	
<b>Residential Address</b> [Redacted] United States	<b>Mailing Address</b> <i>Same as Residential Address</i>
<a href="#">Edit Address</a>	
<b>Contact Information</b> Home Phone: [Redacted] Work Phone: Fax:	Email: [Redacted] Email Permission (prefer to receive email correspondence): Yes

Please verify address and contact information for all enrollees.

[Continue](#) [Cancel](#)



# Beneficiary Web Enrollment Online



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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- [Redacted]
- |                         |                   |                        |
|-------------------------|-------------------|------------------------|
| 1. Select Provider Type | 2. Search For PCM | 3. Confirm PCM Changes |
|-------------------------|-------------------|------------------------|

### Primary Care Manager Selection for [Redacted]

#### Select the Provider Type

Coverage/Plan: TRICARE Prime

Provider Type:  Military Hospital or Clinic:

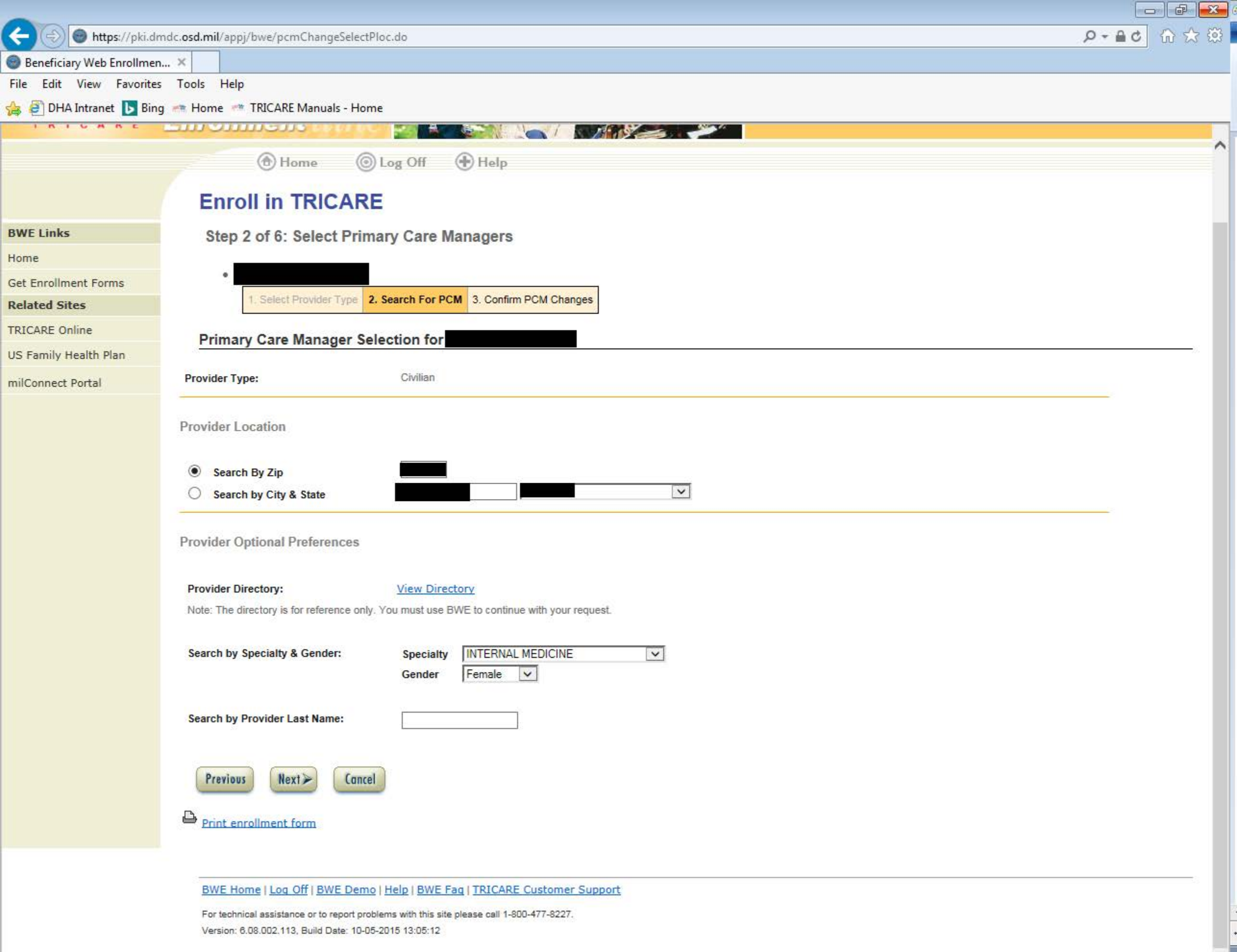
The military hospitals or clinics shown are 50 miles or less from your residential address

Civilian Health Care

Start Date:

[Next >](#) [Cancel](#)





# Enroll in TRICARE

## Step 2 of 6: Select Primary Care Managers

- [Redacted]

1. Select Provider Type 2. Search For PCM 3. Confirm PCM Changes

### Primary Care Manager Selection for [Redacted]

Provider Type: Civilian

#### Provider Location

Search By Zip [Redacted]

Search by City & State [Redacted] [Redacted] [Redacted]

#### Provider Optional Preferences

Provider Directory: [View Directory](#)

Note: The directory is for reference only. You must use BWE to continue with your request.

Search by Specialty & Gender: Specialty: INTERNAL MEDICINE Gender: Female

Search by Provider Last Name: [Redacted]

Previous Next Cancel

[Print enrollment form](#)



# Beneficiary Web Enrollment Online



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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- [Redacted]  
1. Select Provider Type 2. Search For PCM 3. Confirm PCM Changes

### Primary Care Manager Selection for [Redacted]

#### Assign a PCM

Selected PCM search Options:

Specialty: INTERNAL MEDICINE  
Gender: Female

One item found.

Select	Name	Location	Gender	Specialty
<input checked="" type="radio"/>	[Redacted]	[Redacted]	Female	INTERNAL MEDICINE

If the primary care manager you want isn't shown above, complete a [paper form](#) and mail it to your contractor.

[Search Again](#) [Assign PCM](#) [Cancel](#)

[Print enrollment form](#)



# Beneficiary Web Enrollment



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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- |                         |                   |                        |
|-------------------------|-------------------|------------------------|
| 1. Select Provider Type | 2. Search For PCM | 3. Confirm PCM Changes |
|-------------------------|-------------------|------------------------|

### Primary Care Manager Selection for [Redacted]

#### Verify Selected Provider

Beneficiary Name: [Redacted]

#### Selected Provider

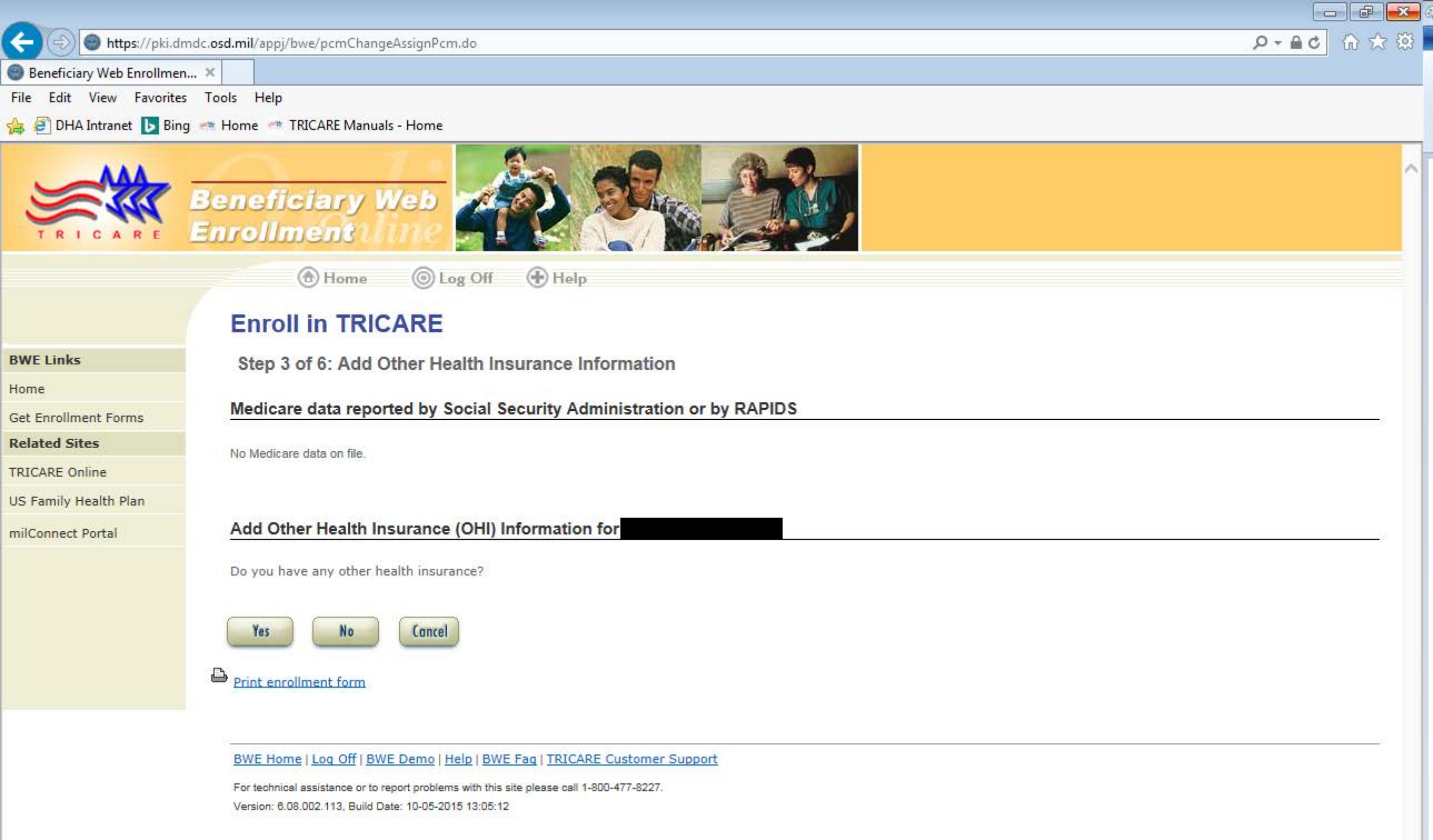
Selected Provider Name: [Redacted]

Selected Provider Address: [Redacted]

Enrollment Period: [Redacted]

Previous Continue Cancel

[Print enrollment form](#)



# Beneficiary Web Enrollment Online



Home Log Off Help

## Enroll in TRICARE

### Step 3 of 6: Add Other Health Insurance Information

#### Medicare data reported by Social Security Administration or by RAPIDS

No Medicare data on file.

#### Add Other Health Insurance (OHI) Information for [redacted]

Do you have any other health insurance?

Yes No Cancel buttons

[Print enrollment form](#)



# Beneficiary Web Enrollment



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## Enroll in TRICARE

### Step 4 of 6: Premiums

- BWE Links**
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- Related Sites**
- TRICARE Online
- US Family Health Plan
- milConnect Portal

#### Enrollment Payment Information

1. If you elect monthly payment from your Uniformed Services pay account as the payment method for your TRICARE Prime enrollment Premiums, your completion of this application will constitute authorization for the medical contractor to initiate a monthly allotment with your Uniformed Service Pay Center in lieu of an allotment authorization letter. **NOTE:** If you select this type of payment, you must make the first quarterly payment by credit card when you submit this enrollment.
2. If you elect electronic funds transfer (EFT) as the payment method for your TRICARE Prime enrollment Premiums, ensure you provide your banking information below. **NOTE:** If you select this type of payment, you must make the first quarterly payment by credit card when you submit this enrollment.
3. If you do not elect to establish payment by monthly EFT or allotment, you will be direct billed by your contractor at the frequency you indicate.
4. Retired beneficiaries and retiree family members entitled to Medicare Part B must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE Prime. TRICARE enrollment Premiums are waived for these retirees and retiree family members if DEERS reflects their entitlement to Medicare Part B.
5. Quarterly and annual bills will be sent on a quarterly and annual basis, respectively. Monthly bills will not be sent.

\* Required Fields

#### Premium Payment Information

\*Premium Payment Option:

\*Payment Method:

Note: If you would like to pay by check, you must print the enrollment form using the link on the left of the page and mail in the form along with your payment.

#### Due at Enrollment

Annual Option:

Quarterly Option:

Monthly Option: \*same as quarterly amount due

#### Credit Card Details

\*Card Type:

\*Card Number:   
*(enter 16 digits (15 for AMEX), no spaces)*

\*Security Code:

\*Expiration Date:

#### Name on Card

\*First Name:

Middle:

\*Last Name:

#### Credit Card Billing Address